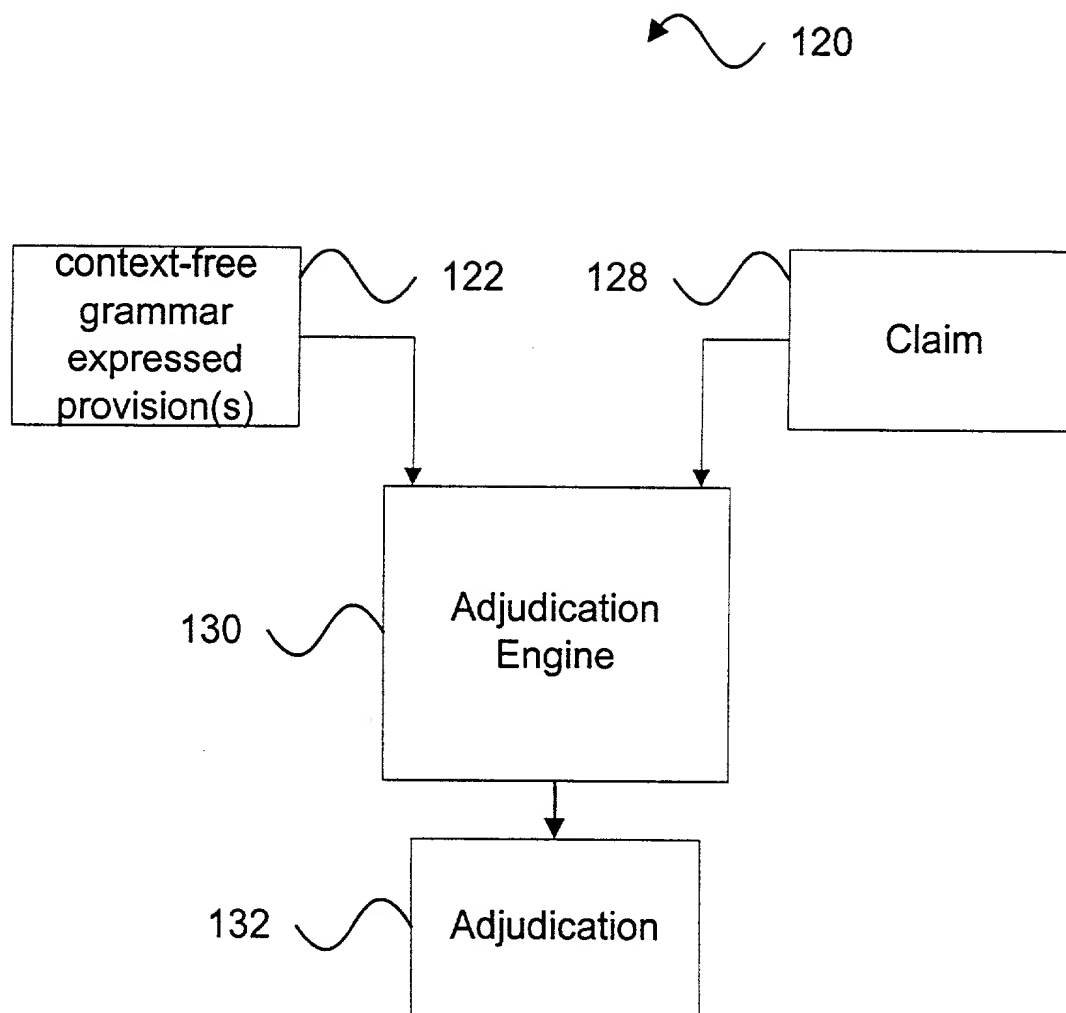


FIG. 1/22



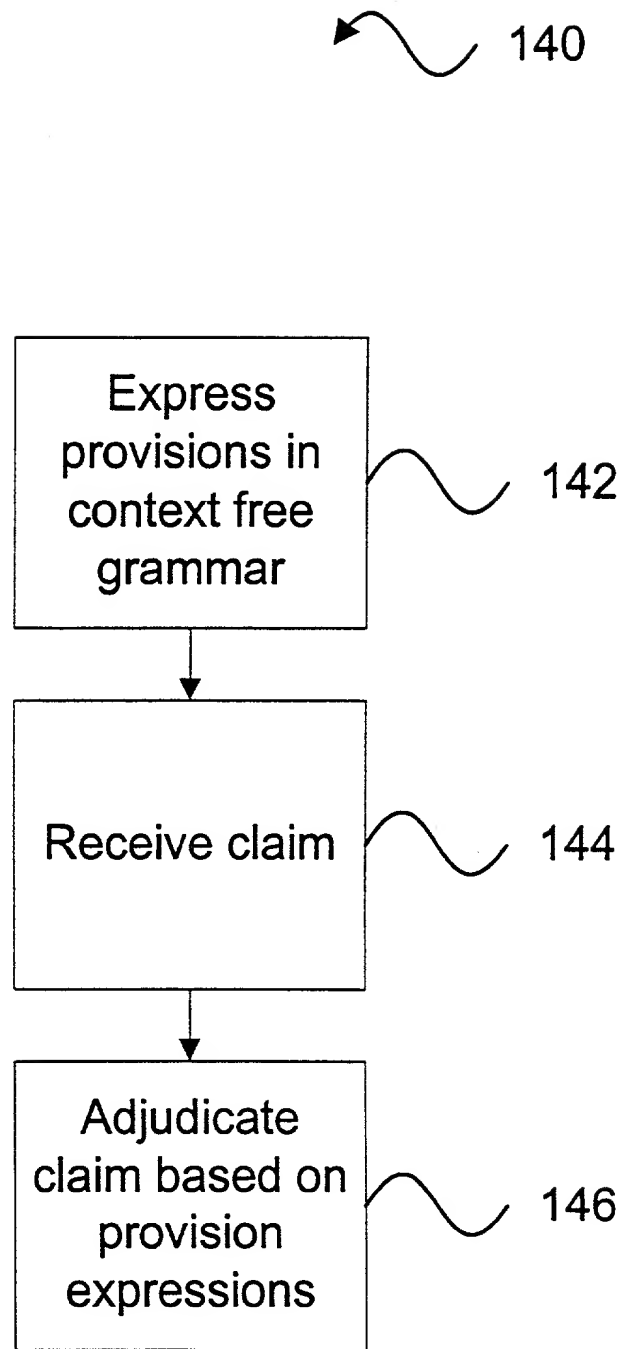


FIG. 3/22

202-[Identifier "Sample Health Plan"

200

```
204 { effective-date "01-01-2000 12:00 AM"
      expiration date "01-01-2001 12:00 AM"
```

		Benefit Schedule	
		Exclusions	
206		: // Ambulance - ambulance use for transportation services only Not Covered: member service "A0306"	
		Limits	
208		: // Inpatient hospital - maternity and newborn child care for a minimum of 48 hours // of hospital care following delivery Limit member to 2 day(s): service "99431", "99432" rendered for (diagnosis "650") per confinement	
210		Deductibles : // Member deductible \$25 per year for the purchase or rental of DME member deductible is: \$25.00 service "290", "291", "292" per year	
212		Benefits : // Office visits with a medical, surgical, or specialty care physician, including // a second opinion - \$10 per visit Benefit member out-patient service "99201", "99202" rendered by "medical care physician", "surgical care physician", "specialty care physician" 100.00% of service cost	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">} 214</div> <div style="margin-right: 10px;">} 216</div> </div>

206

// Ambulance - ambulance use for transportation services only
Not Covered: member service "A0306"

208

// Inpatient hospital - maternity and newborn child care for a minimum of 48 hours
// of hospital care following delivery
Limit member to 2 day(s): service "99431", "99432" rendered for (diagnosis "650") per confinement

210

// Member deductible \$25 per year for the purchase or rental of DME
member deductible is: \$25.00 service "290", "291", "292" per year

212

// Office visits with a medical, surgical, or specialty care physician, including
// a second opinion - \$10 per visit

- 214

Benefit member out-patient service "99201", "99202" rendered by "medical care physician", "surgical care physician", "specialty care physician" 100.00% of service cost

— 216

FIG. 5/22

Benefit ::= (Benefits)+ 232

Benefits ::= SimpleBenefit | DefaultBenefit 234

SimpleBenefit ::= "Benefit" (SubscriptionRelationshipCondition)? ServiceReceived Indemnification ... 236

SubscriptionRelationshipCondition ::= SubscriptionRelationshipConditionItem ...

SubscriptionRelationshipConditionItem ::= SubscriptionRelationshipS ..

SubscriptionRelationshipS ::= (SubscriberS | FamilyS | MemberS | ...)

MemberS ::= "member"

ServiceReceived ::= (ServiceChoice)+

ServiceChoice ::= AdmittingStatus | ServiceUrgency | ReceivedService | RenderingProvider

AdmittingStatus ::= SimpleAdmittingStatus

SimpleAdmittingStatus ::= (InPatientS | OutPatientS)

InPatientS ::= "in-patient"

OutPatientS ::= "out-patient"

ReceivedService ::= (NotS) SimpleReceivedService

NotS ::= "other" "than"

SimpleReceivedService ::= SimpleReceivedServiceItem ...

SimpleReceivedServiceItem ::= TreatmentServiceForProblem ...

TreatmentServiceForProblem ::= ServiceReferenceList ,,

ServiceReferenceList ::= "service" IdentifierList

Indemnification ::= (BenefitCalculationTier)+

BenefitCalculationTier ::= IndemnityCalculation (BenefitTierTermination)?

IndemnityCalculation ::= CompanyParticipation (CopayAmount)? ...

CompanyParticipation ::= (FloatNumber | Integer) "%" "service" "cost" 240

FIG. 6/22

250 — [**Benefit member out-patient service "99201" 100.00 % service cost**

252 254 256 257 258 260 262 264 266

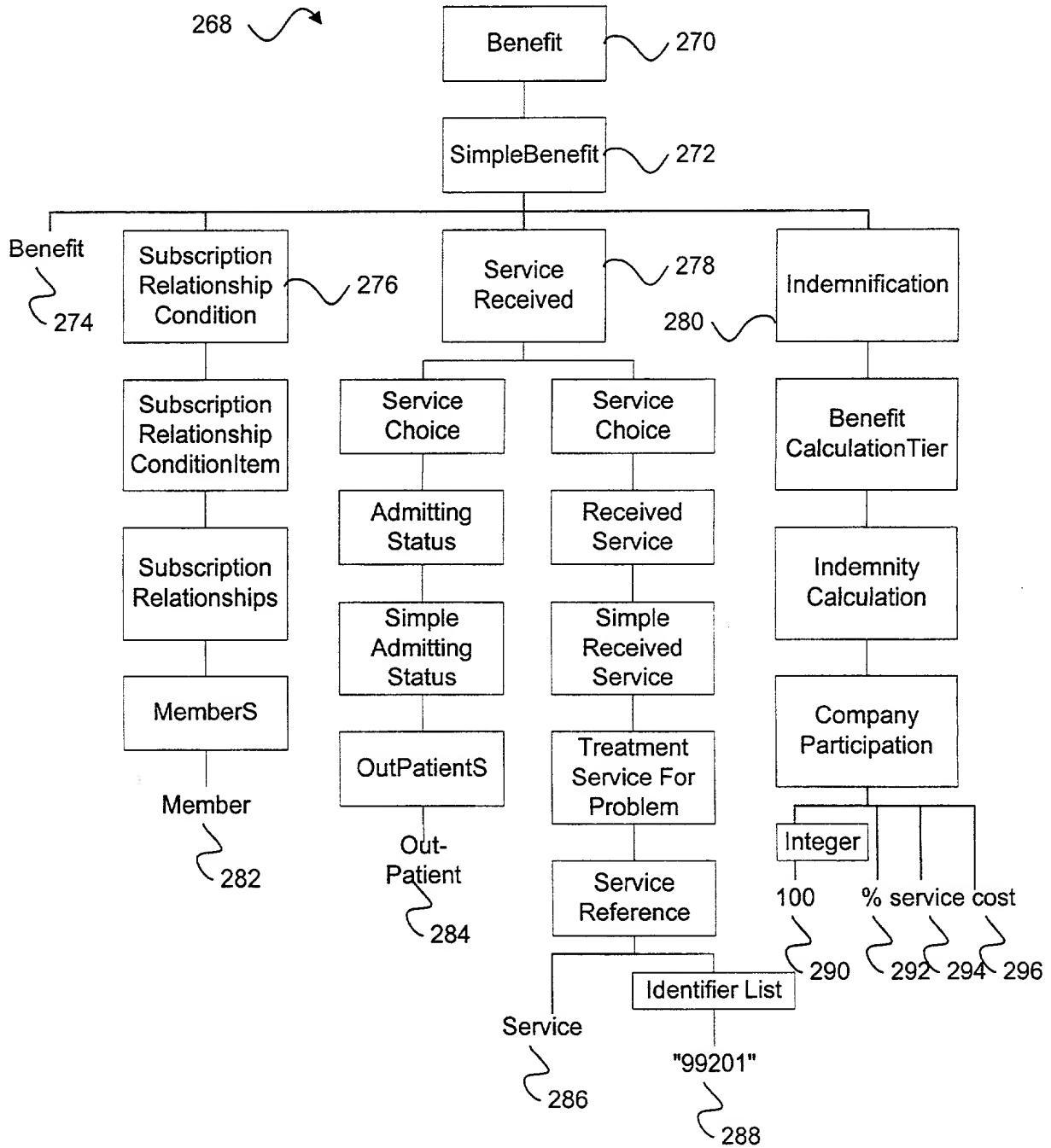


FIG. 7/22

340

Plan

342 — [// Plan wide benefits
Benefit Schedule
Exclusions ..
Limits ..
Deductibles ..
Benefits..

344 — [For In-Network Services Rendered by supplier-network "HMO"
Benefit Schedule
Exclusions..
Limits..
Deductibles..
Benefits..

346 — [For Out of Network Services
Benefits Schedule
Exclusions..
Limits..
Deductibles
Benefits..

FIG 8/22.

Contract

- 422 — identifier "Sample Supplier Contract"
- 424 — effective-date "01-01-2000 12:00 AM"
expiration-date "01-01-2000 12:00 AM"
- 426 — Fee Calculation Policies
calculate with zip code "77011"
calculate usual and customary with the 75th percentile

Reimbursement Schedule

General

- 428 — // In return for the provision of Covered Services to Commercial HMO Enrollees
// referred to Physician by a PIP Physician, Physician will be reimbursed on a fee
// for service basis. The reimbursement will be equal to the lesser of:
// (1) 110% of the RBRVS allowable applicable at the time of service in Physicians
// geographic location; and
// (2) Physician's usual, customary, and reasonable charge to patients for the type
// of service in question, less any applicable co-payment. For those covered
// services for which an RBRVS allowable has not been determined, Physician
432 — // shall be reimbursed in an amount equal to 60^ of the amount of Physician's
// usual, customary, and reasonable charge to patients for the type of service in
// question
For covered services other than TOS "4", "5", "6"; service-category "Pathology",
"Pharmaceuticals" delivered to members of product "Commercial HMO Plans"
the allowed fee is the lower of the following options:
option: 110% of RBRVS, if service calculation is undetermined then 60^ of the
usual and customary costs;
option: the usual and customary costs

FIG. 10/22

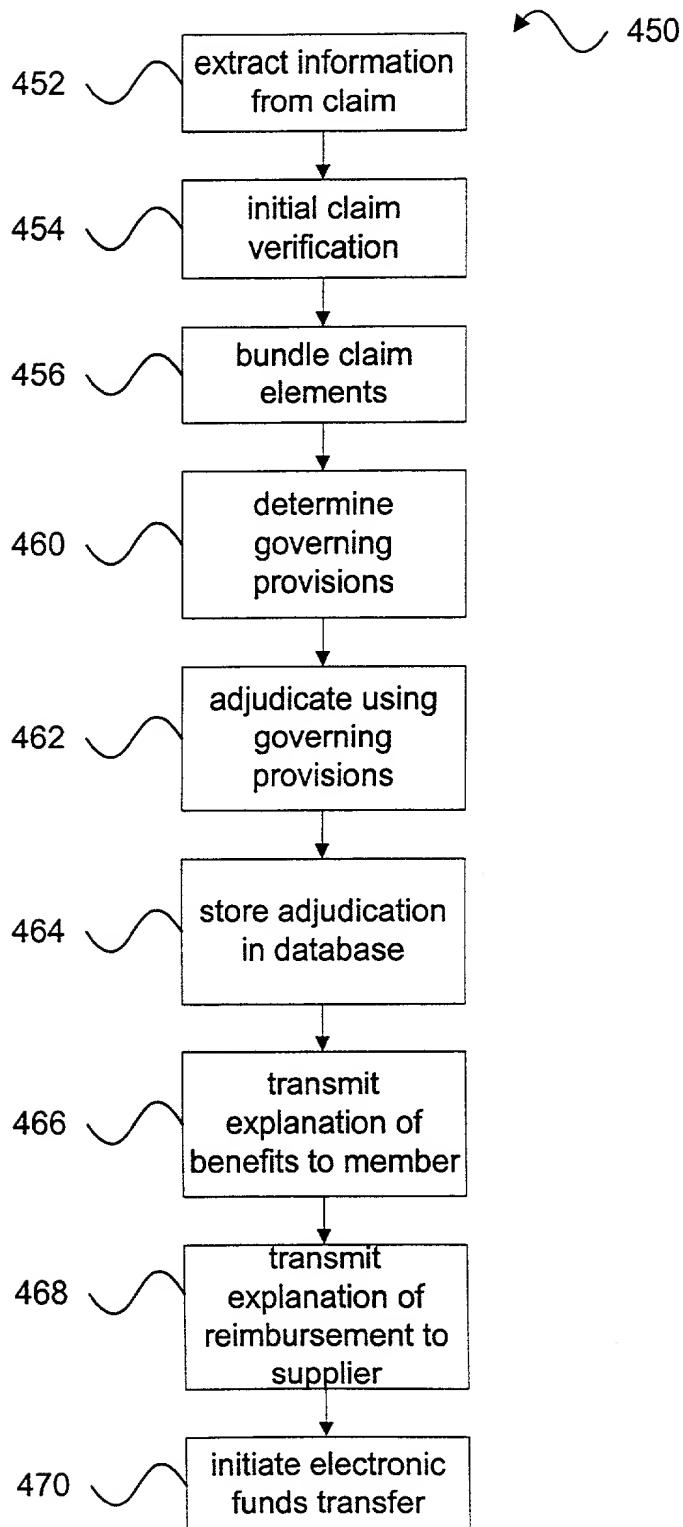


FIG. 11/22

208020 2603360

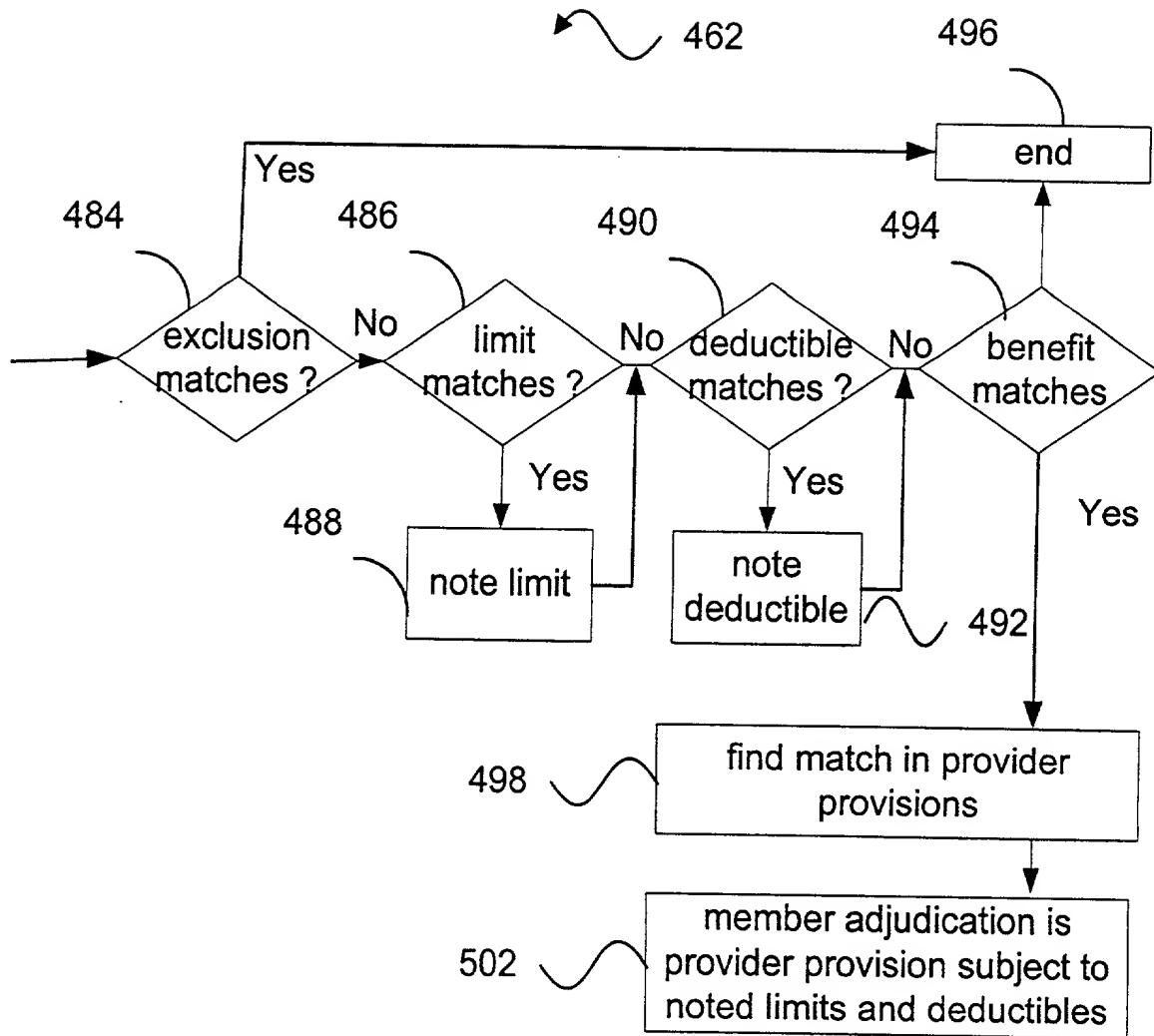


FIG. 12/22

20250220 15:22:59



520

Adjudication History			
Provision	Adjudication Code Claim ...		
LIMIT_01	Applied: \$20 99129 ...		
EXCL_03	Applied	99129 ...	522
.	.	.	

524

526

528

530

FIG. 13/22

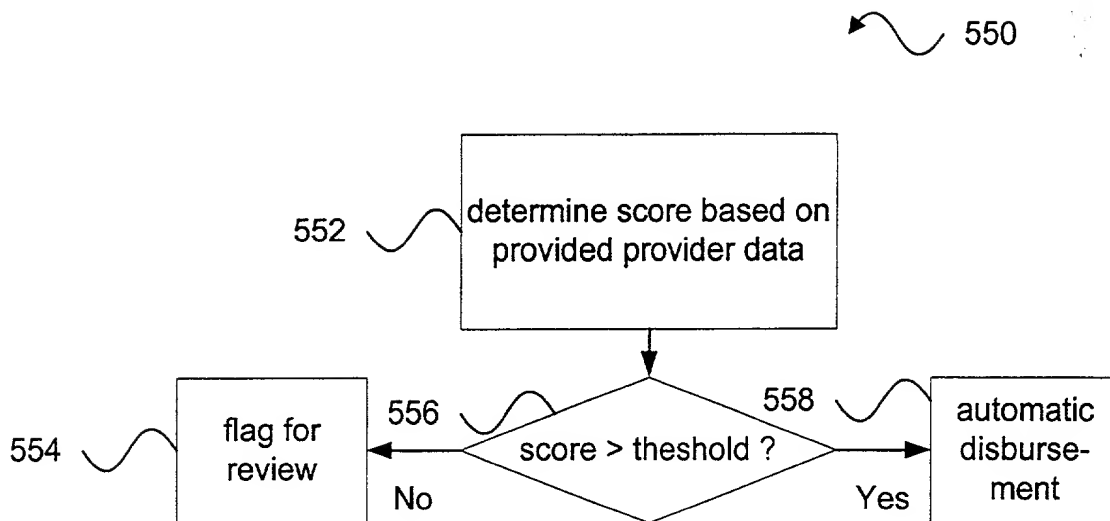


FIG. 14/22

Element	Score Adjustment
UPIN	+ 20
Last Name	+ 6
Soundex last name	+ 3
First name	+ 2
Soundex first name	+ 1
SSN	+ 6
Zip + 4 POS	+ 6
Full Street Address	+ 3
Partial Street Address	+ 2
City POS	+ 2
State POS	+ 1
.	
.	

572

574

FIG. 15/22

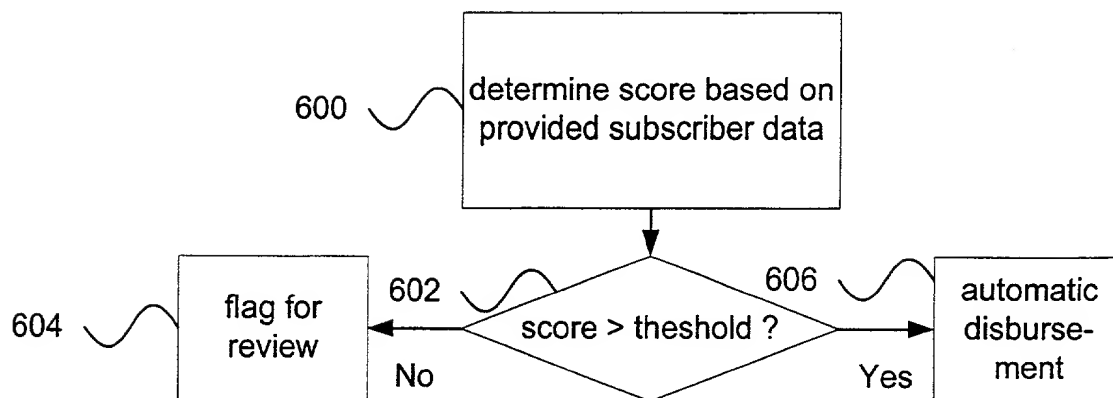


FIG. 16/22

Element	Score Adjustment
Member/Subscriber ID	+ 10
Last Name	+ 6
Soundex last name	+ 3
First name	+ 2
Soundex first name	+ 1
DOB	+ 6
Zip + 4	+ 6
Full Street Address	+ 3
Partial Street Address	+ 2
City POS	+ 2
State POS	+ 1
.	
.	

614 616

FIG. 17/22

Plan Provision Entry

Plan Identifier 1001 302

Effective Date of Plan: 01-01-2000 12: 304

Expiration Data of Plan 01-01-2000 12: 306

Which of the following services are excluded from coverage ?

- ☒ Ambulance for transportation Exclusion Criteria >
- ☐ Mental health care Exclusion Criteria >
- ☐ Cosmetic surgery Exclusion Criteria >

Plan

identifier 1001

effective-date "01-01-2000 12:00 AM"

expiration-date "01-01-2000 12:00 AM"

Benefits

Exclusions

Not Covered: member service "A0306" //ambulance

.

FIG. 18/22

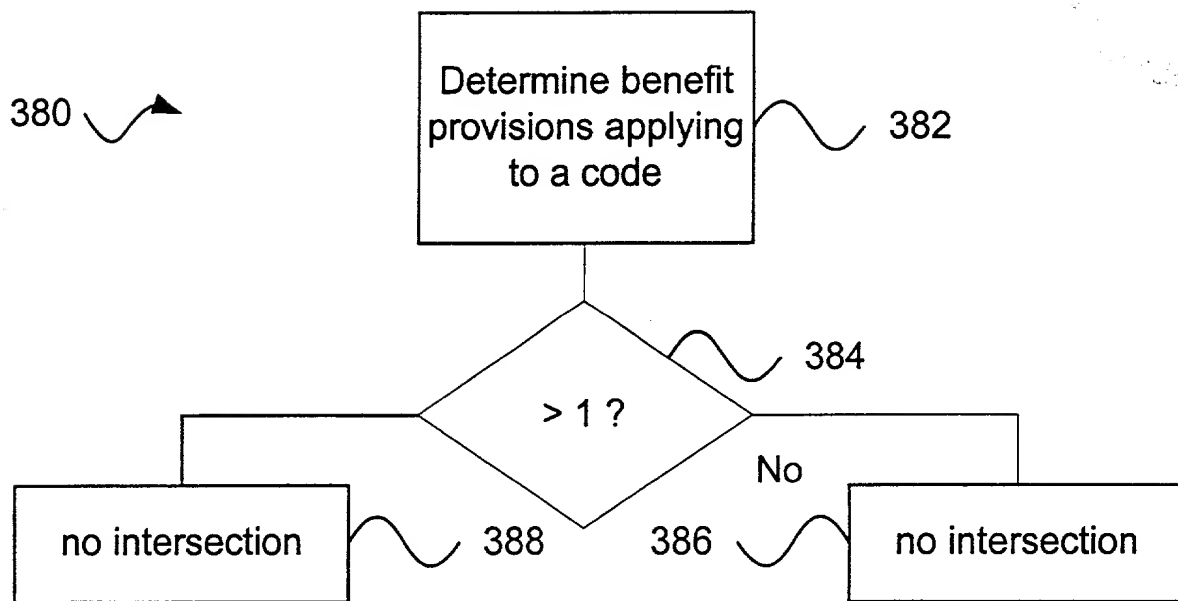


FIG. 19/22

20200920 15:00:00

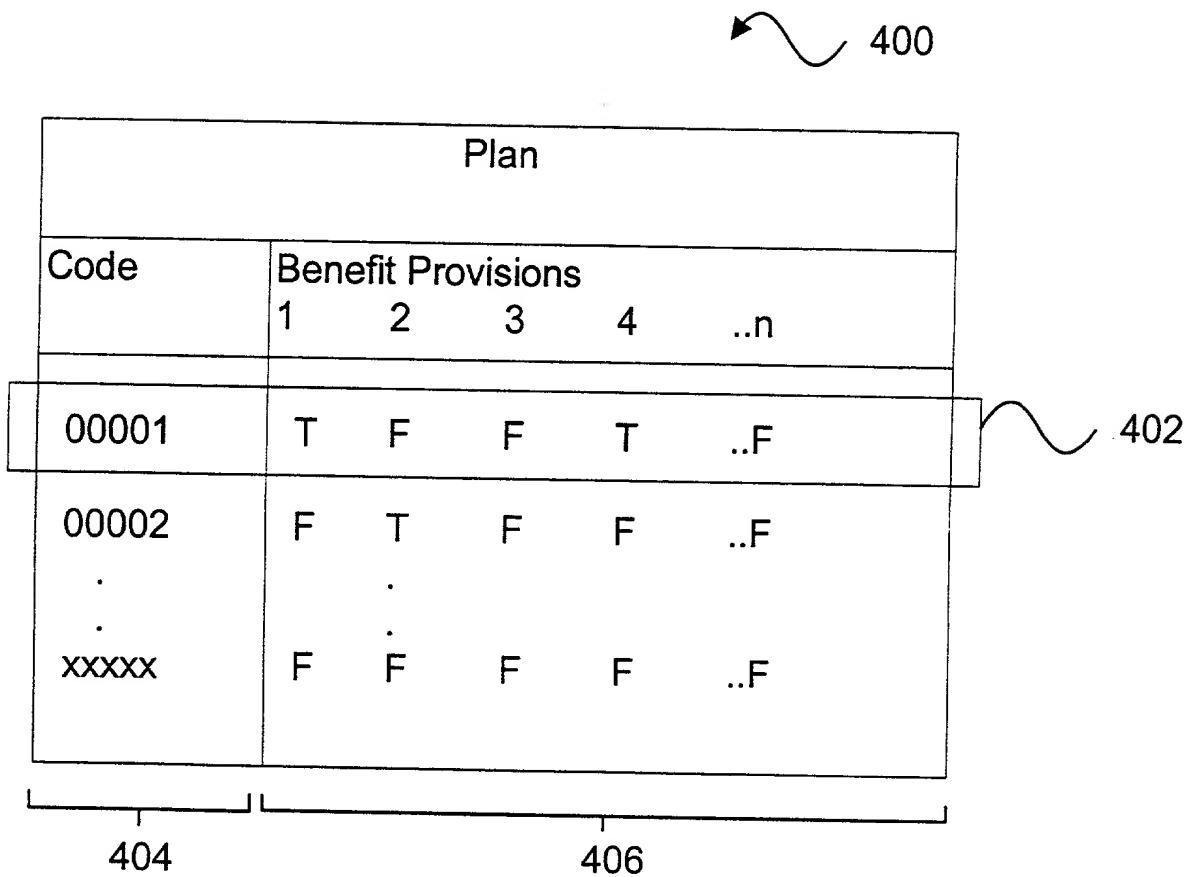


Diagram 400 illustrates a table structure for Plan data. The table has a header row labeled "Plan" and a second row with columns "Code" and "Benefit Provisions". The "Benefit Provisions" column is further divided into sub-columns labeled 1, 2, 3, 4, and ..n. A specific row with Code "00001" is highlighted by a box labeled 402. Below the table, two brackets indicate the scope of the data: bracket 404 covers the Code column, and bracket 406 covers the entire Benefit Provisions section.

Plan					
Code	Benefit Provisions				
	1	2	3	4	..n
00001	T	F	F	T	..F
00002	F	T	F	F	..F
.
xxxxx	F	F	F	F	..F

404

406

FIG. 20/22

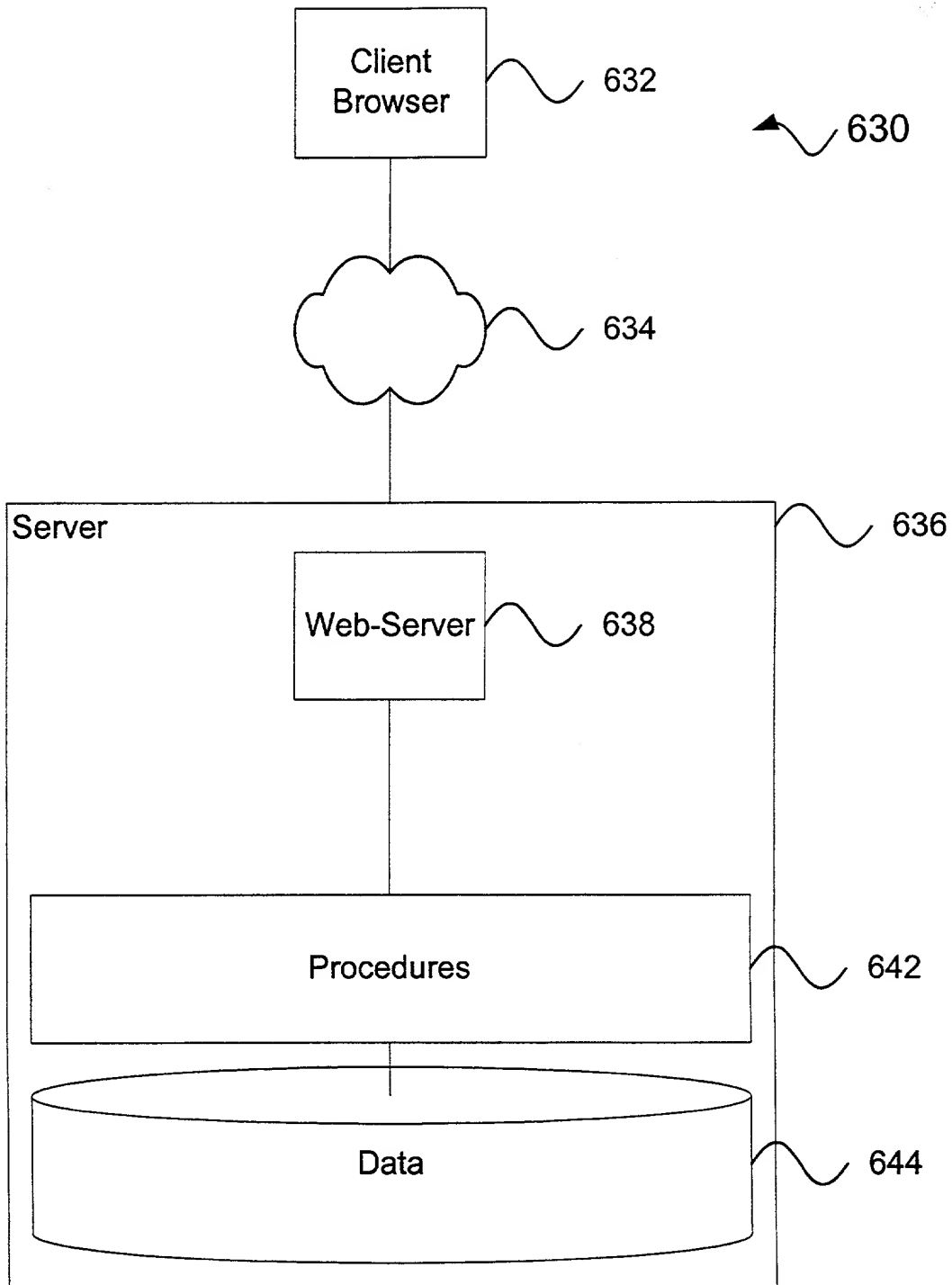


FIG. 21/22

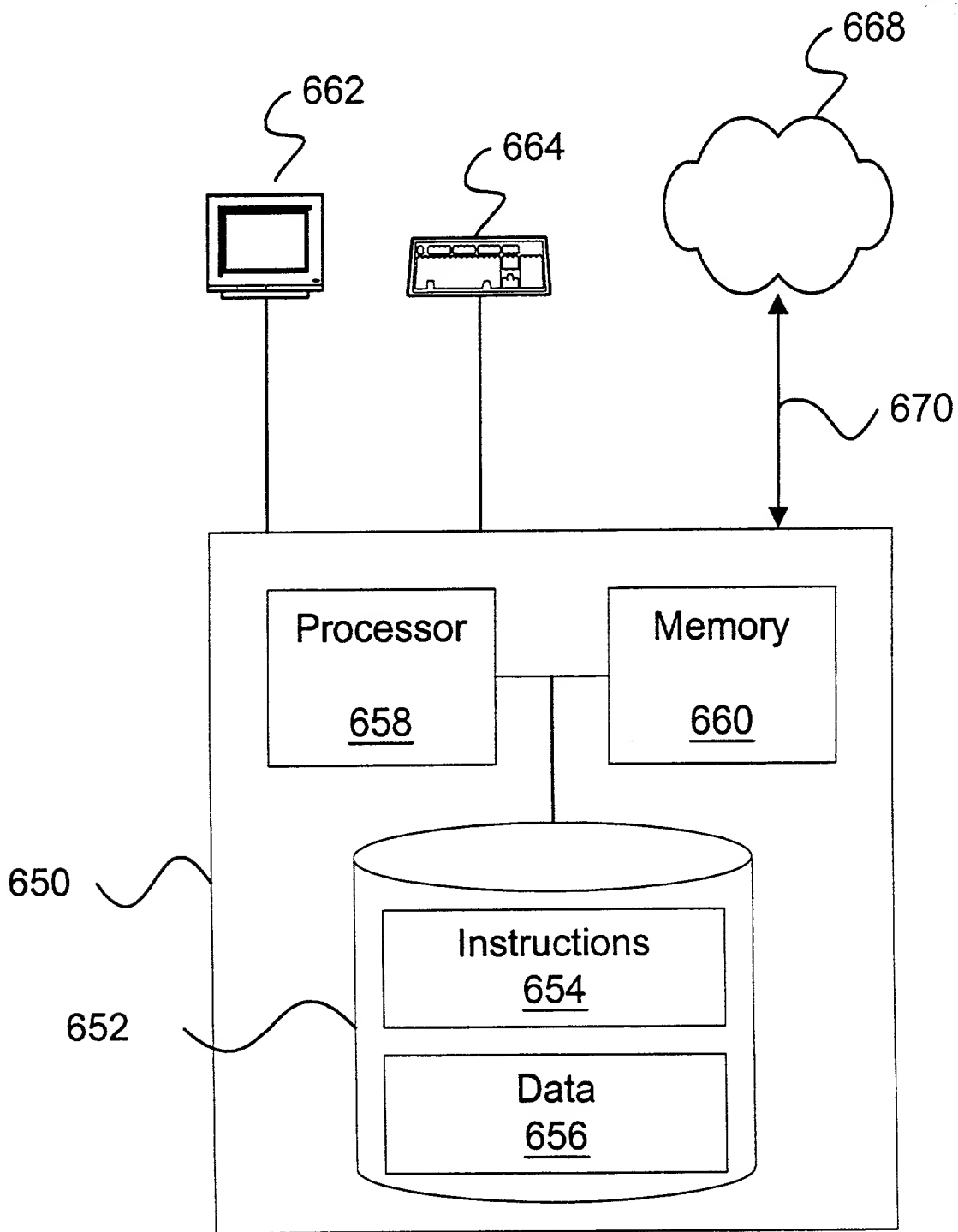


FIG. 22/22